## ECLARATION FOR PATENT APPLICATION

Docket No. TOBINICK

De 99 5:19PM;

As a below named inventor, I hereby declare that:

My residence, post office ac	ldress and citizenshi	ip are as stated	below next to my	name.		
I believe I am the original, I names are listed below) of TNF INHIBITORS FRETINAL AND MUSC	the subject matter OR THE TREATULER DISORI	which is claim ATMENT OF	ned and for which	h a natent is sought o	n the invent	ion entitled
(check one) EK is attached I			-200			as
Application	Serial No.				(if	applicable).
I hereby state that I have revi by any amendment referred		d the contents o	f the above identific	ed specification, includir	ng the claims,	as amended
I acknowledge the duty to di Code of Federal Regulation	isclose information	which is materia	I to the examinatio	n of this application in	accordance w	ith Title 37,
I hereby claim foreign priori certificate listed below and h before that of the application	ty benefits under Tit save also identified b	selow any foreig	ates Code, §119 of a n application for p	any foreign application(s atent or inventor's certi	s) for patent of	or inventor's a filing date
Prior Foreign Application(s	)				Priority	Claimed
(Number)	(Number) (Country)		(Day/Month/Year Filed)		Yes	No
(Number)	(Country)		(Day/Mo	(Day/Month/Year Filed)		No
(Number)	(Country)			(Day/Month/Year Filed) 20 of any United States application(s) li		No
wided by the first paragraph in Title 37, Code of Federal for PCT international filing (Application Serial No.)	date of this applica	(Filing Date		(Status—patent		
(Application Serial No.)		(Filing Date)		(Status-patented, pending, abando		abandoned)
I hereby appoint the followi	ng attorney(s) and/o			tion and to transact all t	business in the	Patent and
Ezi	ra Sutton,	Reg. No.	25,770	one no(732)		
Address all telephone calls	to		at telepho	one no(732)	634-35	20
Address all correspondence		CADA CUMA	ON D -			
		EZKA SULI	ON, F.A.	9 sey 07095		
		Inadhaida	o Non Ior	07005		
I hereby declare that all sta belief are believed to be tru- like so made are punishable such willful false statements	e; and further that to by fine or imprison may leonardize the	nese statements nment, or both, e validity of the	under Section 100	of Title 18 of the Unity patent issued thereon.	ited States Co	ode and that
Full name of sole or first	inventor A Edwa	rd L. TO	BINICK, M.	D		
Full name of sole or first Inventor's signature Los Ange	lwod John	MD-	Date	December 29,	1999	of Americ
Residence Los Angle	Tes, Callic	11.12 900	Citizensl	hip	S.a.cs	or wwer 10
Post Office Address 100	Angeles, (	al Plaza	a 90024-69	03		
Eul name of record joint	inventor if any					
Second Inventor's signatur	•		Date		. ,	
Residence			Citizens	hip		
Residence						

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	ttorney's locket No.:
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL EN STATUS (37 CFR 1.2(f) AND 1.27(b) - INDEPENDENT INV	ENTOR
As a below-named inventor, I hereby declare that I qualify a inventor as defined in 37 CFR 1.9(c) for purposes of paying Section 41(a) and (b) of fitle 35, Untiled States Code, to Trademark office with regard to the invention entitled TMF INNI TREATMENT OF NEUROLOGICAL, RETURN AND NUCLURA DISORDERS	s an independent duced fees under the Patent and IBITORS FOR THE
described in:  [X] the specification filed herewith  [] Application Serial No, filed,  [] Patent No, issued	
I have not assigned, granted, conveyed, or licensed and am unde under contract or law to assign, grant, convey, or license, a invention to any person who could not be classified as an inde under 37 CFR 1.9(c) if that person had made the invention, o which would not qualify as a small business concern under 37 nonprofit organization under 37 CFR 1.9(e).	ny rights in the pendent inventor r to any concern CFR 1.9(d) or a
Each person, concern, or organization to which I have ass conveyed, or licensed or am under an obligation under contract of grant, convey, or license any rights in the invention is liste	signed, granted, or law to assign, d below:
<pre>[ X ] no such person, concern, or organization [ ] persons, concerns, or organizations listed below*</pre>	
*NOTE: Separate verified statements are required from econcern, or organization having rights to the ir to their status as small entities. (37 CPR 1.27	ach named person, evention averring )
FULL NAME_ADDRESS [ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPRO	OFIT ORGANIZATION
FULL NAME_ADDRESS [ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPRO	FIT ORGANIZATION
FULL NAME ADDRESS [ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPRO	OFIT ORGANIZATION
I acknowledge the duty to file, in this application or patent, any change in status resulting in loss of entitlement to smapping to paying, or at the time of paying, the earliest of the maintenance fee due after the date on which status as a small en appropriate $(37~\mathrm{CFR}~1.28(b))$	tity is no longer
I hereby declare that all statements made herein of my own knowl that all statements made on information and belief are believe further that these statements were made with the knowledge th statements and the like so made are punishable by fine or impri under Section 1001 of Title 18 of the United States Code, and if false statements may jeopardize the validity of the applica issuing thereon, or any patent to which this verified statement	sat willful false sonment, or both, that such willful tion, any patent
Edward L. TOBINICK, M.D.  NAME OF INVENTOR NAME OF INVENTOR NAME OF INV	/ENTOR
NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR	
Signature of Inventor Signature of Inventor Signature	of Inventor

December 29, 1999

Date Date Date